

APPLICATION TRANSFER REQUEST FOR S.N. _____

Section I. TRANSFER REQUEST BY (PRINT NAME) _____

Date _____

TO: Art Unit _____

Class/sub _____

From: A.U. _____

Class _____

REASON:

Gatekeeper concurrence _____

Hand carried: Personally accepted by _____

Section II. DISPOSITION BY RECEIVING TC

A.U. _____

Date _____

☐ ACCEPTED BY RECEIVING T.C.

NOT ACCEPTED

☒ Forward to Post Classifier

☐ Return to Originating Technology Center /AU _____

REASON:

check classification. Appears best examined
in monitoring and locating systems not in
prosthetic devices

DISPOSITION BY RECEIVING TC POST CLASSIFIER

☐ This dispute was resolved. Forward to Class/Sub _____ TC/AU _____ Post Classifier _____ Date _____

Concurring _____ Date _____

☐ This dispute was not resolved, forward to DISPUTE RESOLUTION PANEL

Post Classifier Assessment:

Not a Post Case

Gatekeeper Concurrence _____

Section III. DISPOSITION BY DISPUTE RESOLUTION PANEL

Date _____

Panel Decision: Forward to Technology Center / Art Unit _____

Class/sub _____

REASON:

Panel Member _____

Concurring Panel Member _____

☐ This application MAY be returned to the dispute resolution panel if reconsideration is desired (use form 447R).

☐ This application MAY NOT be returned to the dispute resolution panel. THIS IS A FINAL DISPOSITION.